

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF SUPPORT ENFORCEMENT (OSE)

NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

	122960			BOOK 131 PAC	F 22 /
The Departme social security	nt of Social and Health : number	Services (DSHS), date of b	claims that Harold R. irth <u>07/22/49</u> owes a	debt for past-due child supp	port.
DSHS files a li	en in the amount of \$ _	5360.00	in Skamania	County on:	
1.	All real and personal p	roperty of the a	above-named debtor (e	ccept Tribal Trust property),	and/or:
2.	The property describe	d below.			
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		· · · · · · · · · · · · · · · · · · ·		a Black	
			Authorized OFFICE OF	Representative SUPPORT ENFORCEMENT	· · ·
State of Wash	hington)	$C \wedge V$		
County of C1	ark) ss. _)	X = X		
I certify that	A. Black	<u> </u>	appeared	before me and is known to i	me as the
individual wh	o signed the above.			1	
Date: 311	195		de	whi me	<u> </u>
44			Notary Pub	Shall	~ 7
L	LEE MURA		My appo	intment expires/	
	OTARY		_ (FILED FOR RECOR	
30	Augun			SKAMANIA CO. WAS BY DSHS	H
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OFFICE OF	LL PLAIN BLOG 3	NT N		AUDITOR	-
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(206) 696	WA 98662-0269 5-6391	•			\$40 ABOUT A
in reply, rel	fer to:				ladend, Dir.
	ie #: 1136633				[Imed Reled
NOTICE AND STA	TEMENT OF LIEN			(FG REL.08/04 (2001 486721 5	572 100E